

L0910000017131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

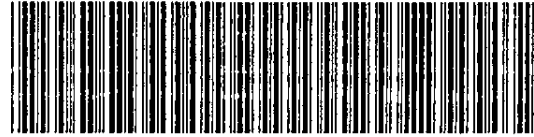
Special Instructions to Filing Officer:

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APR 18 2011

EXAMINER

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11 APR 15 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: Ponte Vedra Companion Care, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Movsovit
(Name of Person)

Ponte Vedra Companion Care
(Firm/Company)

355 Cape May Ave.
(Address)

Ponte Vedra, FL 32081
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Movsovit at (904) 415-4917
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Ponte Vedra Companion Care

2. The Articles of Organization were filed on Feb. 19, 2009 and assigned document number L09000017131.

3. The date the dissolution was approved: December 1, 2010.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

We never fully opened. We prepared ourselves
with everything needed to open but we
never obtained a client or employees.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

(Kathryn Movsovit)
Kathryn Movsovit

Kathryn Movsovit

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00